

EXHIBIT

A

Form **BCA-2.10** **ARTICLES OF INCORPORATION**

6316-199-3

(Rev. Jan. 1998)

This space for use by Secretary of State

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us

FILED

OCT 08 2003

JESSE WHITE
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by
Secretary of State

Date 10-8-03

Franchise Tax \$ 25-

Filing Fee \$ 75-

Approved: [Signature] 100-

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

1. **CORPORATE NAME:** Hanson Telecommunications, Inc.

(The corporate name must contain the word "corporation", "company", "incorporated", "limited" or an abbreviation thereof.)

2. **Initial Registered Agent:** Paul E. Adams
First Name Middle Initial Last name
Initial Registered Office: 1 N. Old Capitol Plaza, Suite 325
Number Street Suite #
Springfield IL Sangamon
City County Zip Code
62701

3. **Purpose or purposes for which the corporation is organized:**
(If not sufficient space to cover this point, add one or more sheets of this size.)

Purchase and sale of telecommunications services.

4. **Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:**

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
A	\$10.00	1,000	100	\$ 1,000.00

TOTAL = \$ 1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

(over)

5. OPTIONAL: (a) Number of directors constituting the initial board of directors of the corporation: 5
(b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address	City, State, ZIP
Karen Hanson Platsch	81 Linden Lane, Springfield, IL 62707	
Pusparaj Mohanty	2205 Heather Mill Ct., Springfield, IL 62704	
James Augustine	16 Pinoak Lane, Springfield, IL 62707	
JERRY YATES	424 Yeoman Dr., Springfield, IL 62704	

6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
(b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
(c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
(d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. OPTIONAL: OTHER PROVISIONS

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated July 31, 2003
(Month & Day) Year

	Signature and Name
1.	<u>Karen Hanson Platsch</u> Signature Karen Hanson Platsch (Type or Print Name)
2.	<u>Pusparaj Mohanty</u> Signature Pusparaj Mohanty (Type or Print Name)
3.	<u>James Augustine</u> Signature James Augustine (Type or Print Name)

	Address
1.	<u>81 Linden Lane</u> Street Springfield, IL 62707 City/Town State ZIP Code
2.	<u>2205 Heather Mill Ct.</u> Street Springfield, IL 62704 City/Town State ZIP Code
3.	<u>16 Pinoak Lane</u> Street Springfield, IL 62707 City/Town State ZIP Code

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

FEE SCHEDULE

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State Springfield, IL 62756
Department of Business Services Telephone (217) 782-9522 or 782-8523

C-162.20